

September 1, 2005

## OWNER OF RECORD

### Verification Form for Nominations to the National Register of Historic Places

Name of Property: \_\_\_\_\_

Located in County or City of \_\_\_\_\_

OWNER OF RECORD \_\_\_\_\_  
or CONTACT PERSON (Name for Notification Purposes)

Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone: DAY \_\_\_\_\_ / \_\_\_\_\_ EVENING \_\_\_\_\_ / \_\_\_\_\_  
Area Code / Number Area Code / Number

*(In the event of corporate ownership or a historic district nomination, the name of the appropriate contact person must be provided.)*

**ADJACENT PROPERTY OWNERS** (Names and addresses of **ALL** owners adjacent to the proposed property boundaries must be submitted. Please use another 8 ½ x 11 sheet if necessary.)

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LABELS REQUIRED WITH FINAL NOMINATION SUBMISSION (regardless of total number of owners or adjacent owners):**

SINGLE RESOURCES – **Two (2) identical sets** of labels for owners and consultants must be provided and **one set** of labels for all adjacent property owners MUST be submitted for proper notification.

HISTORIC DISTRICTS – **Two (2) identical sets** of labels for property owners and **two (2) identical sets** of labels for adjacent property owners MUST be submitted for proper notification.

**ALL LABELS MUST BE TYPED/PRINTED**

**NO HANDWRITTEN LABELS ACCEPTED**

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RECORDS CONSULTED \_\_\_\_\_ Vol. \_\_\_\_\_ Page(s) \_\_\_\_\_  
Name of County or City Tax Land Deed Book or Will Book Reference  
Assessor Records

By visit: \_\_\_ Yes \_\_\_ No By telephone: \_\_\_ Yes Telephone Number: \_\_\_\_\_ / \_\_\_\_\_

Date records consulted \_\_\_\_\_ By \_\_\_\_\_  
Name and **SIGNATURE REQUIRED**

\_\_\_\_ Consultant to receive Address \_\_\_\_\_  
copy of notification. (PLEASE  
PROVIDE MAILING LABEL.) City, State, Zip Code \_\_\_\_\_

**MANDATORY FORM**

Telephone \_\_\_\_\_ / \_\_\_\_\_